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C·H·O·I·C·E·S Access to Recovery Program

Coconino County Final Report

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Prepared by Pima Prevention Partnership
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Executive Summary¹

In June 2009, Arizona expanded the ATR service range to include Coconino County. ATR services were managed by the Coconino County Drug Court, which had been instituted in January 2008. The client recruitment population was comprised of methamphetamine-affected individuals who were involved with the Coconino County Drug Court.

Demographics

The gender distribution in the Coconino County ATR client population had slightly more males than females (55.6% and 44.4% respectively). This compares to the overall Coconino County population which is 50.2% female.

Nearly twice as many clients in the ATR program identify as Hispanic as are represented in the overall population (22.2% versus 12.9%). However, it should be noted that the Hispanic population is frequently overrepresented in at-risk populations as a whole; therefore, this was not an unexpected finding.

Alcohol and Illegal Drug Use

All but one question regarding alcohol and illegal drug use saw a reduction in substance use between intake and the six-month follow-up. Because ATR serves methamphetamine-affected individuals, it is of particular interest that there was an 87.5% reduction in illegal drug use. Clients reporting the use of any type of illegal drug decreased by 89.5%, and the percentage of marijuana use changed from 13.9% at intake to 0.0% by the six-month follow-up. The decrease in the average number of days of use was statistically significant for clients reporting use of any type of illegal drug, clients reporting use of alcohol and illegal drugs at the same time, and methamphetamine use.

Physical and Emotional Health

Changes in the overall health status reported by the clients suggest a positive shift in their perception of overall health. A 50.0% decrease was evident in the percentage of clients who reported their health status as “poor.” The category of “fair” also saw a decrease of 66.7% in clients who felt they fit into this category. At the other end of the spectrum, the percentage of clients rating their overall health as “very good” increased 28.6% from 19.4% to 25.0%.

Medical Treatment Services: One would hope to see that as individuals address their substance abuse challenges, their needs would change from emergency services to inpatient treatment to outpatient services. Because of the nature of the ATR program, the increases in

¹ The report assumes the reader has background knowledge of the Arizona Access to Recovery (ATR) program.

the percentage of clients utilizing both inpatient treatment services (50.0%) and outpatient treatment services (26.7%) for substance abuse is to be expected. Additionally, this may suggest that the treatment services provided through the ATR program were being accessed and utilized as the program had intended. The percentage of clients seeking treatment for physical complaints decreased and no clients sought treatment for emotional issues at either intake or the six-month follow up.

Emotional Health Issues Caused by Alcohol or Illegal Drug Use: As clients reduced their use of alcohol and illegal drugs, one would anticipate that the stress and emotional problems caused by substance use would decrease as well. In fact, there was a decrease in reported stress and emotional problems caused by substance use. Clients who have not used alcohol or illegal drugs in the previous 30 days are included in the “not applicable” category. Nearly 70% (69.4%) of the clients fit into the “not applicable” category for alcohol- or illegal drug-induced stress at six month follow-up. At the six-month follow-up, 69.4% had a “not applicable” status for reduction in activities and 72.2% met the criteria for the “not applicable” category for emotional stress.

Emotional Health Issues not Caused by Alcohol or Illegal Drug Use Risky Behavior: Although oftentimes individuals use substances to help cope with underlying emotional health issues, these issues can also be exacerbated by substance use. The most noteworthy reduction was shown in the percentage of clients reporting they were experiencing serious anxiety due to something other than their alcohol and drug use, which declined by 50.0% from intake to the six-month follow-up. The percentage of clients who reported experiencing serious depression in the previous 30 days decreased between intake and follow-up as well (-36.4%).

The average number of days clients indicated experiencing serious anxiety decreased significantly from 9.65 to 3.16. The decrease in the number of days of depression, from 6.30 days to 1.20 days, was also statistically significant. The only increase was seen in the average number of days clients were unable to concentrate; however, this increase was not statistically significant.

Risky Behavior: Engaging in risky behaviors is likely to coincide with alcohol and illegal drug use simply because many substances lower an individual’s inhibitions. Often, receiving education on the risks of certain behaviors changes the extent to which individuals participate in these behaviors. The percentage of clients engaging in sexual activity decreased by 42.9% within the six months between intake and follow-up. Additionally, the average number of sexual contacts decreased, from 2.45 times to 2.06 times, as did the number of unprotected sexual contacts, averaging 1.90 times at intake and 1.68 times at the six-month follow up.

Connection to Individual and Community Support Systems

Recovery and Social Support: Individuals with strong social support systems may move through the recovery process more quickly than those with an inadequate support system available. Over 12% fewer (12.5%) clients attended self-help groups, such as Alcoholics Anonymous and Narcotics Anonymous, at six months after their intake than did when they first entered the ATR program. Interactions with supportive family and friends decreased as well.

The 6.7% decline may have been due to clients substituting new support systems for those that proved detrimental to their recovery process.

In addition to having a strong social network, it is also important that clients have a primary source of support when they are at particularly troublesome points in their lives. The greatest change in the reported primary source of support occurred where clients indicated they did not turn to anyone in times of trouble. This showed a 50% decrease from 11.1% at intake to 5.6% at their follow-up six months later. A reduction of nearly 43% (42.9%) was also reported in “friends” being the primary source of support. Again, this may be the result of clients removing themselves from unhealthy social groups as they pursue recovery.

Employment and Education: As individuals work toward recovery, they become more capable of productively contributing to society through employment or through training that will ready them for future employment. The percentage of clients reporting full-time employment decreased by 20.0%. However a 66.7% increase, from 16.7% to 27.8%, of clients reported obtaining part-time employment. A considerably smaller percentage reported being unemployed but looking for work at 6-month follow-up compared to intake (-80.0%). Very few of the clients participated in school or training at both intake and follow-up, therefore, the percentage increase seen in this section is relatively inconsequential.

Housing Stability: Yet another fundamental aspect contributing to clients’ accomplishments as they move through the recovery process is housing stability. The greatest decrease was seen in clients living in their own home, which dropped from 58.3% of clients at intake to 36.1% at the six-month follow-up. A similar reduction was seen with clients living in someone else’s house, down 33.3% within the six-month time period. Other housing changes, whether increases or decreases, were minimal.

Criminal Justice Involvement

Encouragingly, there was a 76.5% reduction in the percentage of clients who reported committing a crime. One third fewer clients (33.3%) reported being arrested within the six months after intake, and none reported being arrested for a drug-related offense between intake and the 6-month follow-up. Twenty-five percent (25%) fewer clients were on parole or probation at the six-month follow-up, and 11.1% fewer were currently awaiting charges, trial, or sentencing. An 11.1% reduction was also reported for the percentage of clients who spent at least one night in jail.

The percentage of clients who spent at least one night in confinement decreased. At intake, the average number of crimes committed was 1.14. By the six-month follow-up this was down to an average of 0.14 crimes. The average number of days arrested also decreased from 0.13 to 0.06. None of these changes were statistically significant.

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Arizona CHOICES Access to Recovery

In 2003, President George W. Bush proposed in his State of the Union Address a new three-year competitive discretionary grant program to provide people seeking drug and alcohol treatment services with vouchers to pay for a range of appropriate community-based clinical treatment and recovery support services. The program was launched in August 2004 when the President announced the first three-year Access to Recovery (ATR) grants.

In 2007, a second round of ATR grants (ATR II) was announced. The State of Arizona Governor's Office for Children Youth and Families (GOCYF) applied for an ATR II grant and in September 2007, was awarded approximately \$8.3 million over three years, from 2007-2010. The grant is administered by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (CSAT).

The goals of the AZ ATR program, called Changing How Open Independence Can Ensure Success (CHOICES), were to expand capacity, support client choice, and increase the array of faith-based and community-based providers for clinical treatment and recovery support services. AZ ATR did this by developing and implementing a cost-effective treatment and recovery support services voucher system for individuals with methamphetamine-related substance use disorders.

Coconino County

In June 2009, Arizona expanded the ATR service range to include Coconino County as one of two new counties. Smaller than the original three counties served through ATR, Coconino County has 129,849 residents as of the 2009 population count within a relatively large 18,617 square mile area. Just under 13% (12.9%) of Coconino County residents identify as Hispanic and 53.7% identify as white/non-Hispanic.

ATR services were managed by the Coconino County Drug Court, which had been instituted in 2001 and was well established by the time the ATR program was launched. The client recruitment population was comprised of methamphetamine-affected² individuals who were involved with the Coconino County Drug Court.

ATR Data

Once an individual's eligibility for the ATR program has been established, an intake interview is conducted, part of which includes a staff-administered Government Performance and Results Act (GPRA) instrument. The GPRA is also administered six months after the client's intake and again when the client is discharged from the ATR program. The findings in this report are based on data collected from the GPRA at intake and again at the six-month follow-up. Because discharge may happen later than the six-month follow-up, fewer clients have complete discharge information. Therefore, those data have not been included in this analysis.

²Methamphetamine-affected is defined as methamphetamine use within the previous 90 days.

Results

As of August 31, 2010, Coconino County ATR had 36 clients with both intake and 6-month follow-up data.

Demographics

The gender distribution in Coconino County is approximately equal (50.2% females). Within the ATR client population, there are slightly more males than females (55.6% and 44.4% respectively). Table 1 categorizes the gender percentages.

Table 1: Client Gender

| N=36 | N | % |
|--------|----|-------|
| Male | 20 | 55.6% |
| Female | 16 | 44.4% |

Nearly twice as many clients in the ATR program identify as Hispanic as are represented in the community at large (22.2% versus 12.9%). However, it should be noted that the Hispanic population is frequently overrepresented in at-risk populations as a whole; therefore, this was not an unexpected finding. In addition, 69.4% identified as white. The wording in the GPRA asking for ethnicity and race does not make Hispanic and other races mutually exclusive so there will be overlap among the Hispanic ethnicity and the race categories.

Table 2: Client Ethnicity and Race

| N=36 | N | %** |
|------------------|----|-------|
| Hispanic* | 8 | 22.2% |
| White | 25 | 69.4% |
| African American | 1 | 2.8% |
| Native American | 8 | 22.2% |
| Other | 0 | 0.0% |

*Hispanic origin ethnicity is considered separate from race.

**Because client can indicate more than one race, total may not equal 100%.

Alcohol and Illegal Drug Use

The intentions behind ATR's goals to expand capacity, service availability, and support for individuals who need assistance in their attempts to quit using alcohol and illegal drugs is that successfully reaching these objectives would ultimately translate into decreases in client alcohol and drug use. Between the client's intake and 6-month follow-up assessment, one would expect a program that is experiencing successes to see the alcohol and drug use rates decrease. Table 3 provides a breakdown of the percentage of clients reporting alcohol at intake and again at the six-month follow-up.

Table 3: Percent of clients reporting alcohol and/or illegal drug use at intake and follow-up

| N=36 | % at Intake | % at 6 month follow-up* | % Change |
|---|-------------|-------------------------|----------|
| In the past 30 days... | | | |
| clients reporting alcohol use | 16.7% | 8.3% | -50.0% |
| clients reporting intoxication 5+ drinks | 0.0% | 5.6% | 200.0% |
| clients reporting intoxication 1-4 drinks | 13.9% | 2.8% | -80.0% |
| clients reporting illegal drug use | 52.9% | 5.6% | -89.5% |
| clients reporting both alcohol and illegal drug use | 8.3% | 0.0% | -100.0% |
| clients reporting marijuana use | 13.9% | 0.0% | -100.0% |
| clients reporting heroin use | 0.0% | 0.0% | 0.0% |
| clients reporting methamphetamine use | 44.6% | 5.6% | -87.5% |

*Follow-up data % includes a minimal amount of missing data.

All but one category of alcohol and illegal drug use saw a reduction in substance use between intake and the six-month follow-up. The exception was the percentage of individuals who reported drinking five or more alcoholic drinks to intoxication, which increased by 200%; however, the percentage increase is somewhat misleading because it represents change in only two people. Because ATR serves methamphetamine-affected individuals, it is of particular interest that there was an 87.5% reduction in illegal drug use. Clients reporting the use of any type of illegal drug decreased by 89.5%, and the percentage of marijuana use changed from 13.9% at intake to 0.0% by the six-month follow-up. It is important to note that these clients were also involved in the county drug court at the time of their involvement with ATR, so caution should be taken when interpreting these outcomes as it is difficult to discern the extent to which each of these programs impacted the data.

In addition to reviewing the percentage of individuals who report using alcohol, an assessment of the frequency can be indicative of whether clients who may still be struggling to abstain from alcohol or illegal drug use are, at minimum, showing a reduction in the frequency of their substance use. Table 4 provides the average number of days of use at intake and the 6-month follow-up and whether any changes reached statistical significance.

Table 4: Average number of days clients used alcohol and/or illegal drugs

| N=31 | Average at Intake | Average at 6 month follow-up | Statistically Significant Decrease? |
|---|-------------------|------------------------------|-------------------------------------|
| In the past 30 days... | | | |
| # of days clients reported alcohol use | 0.32 | 0.10 | <i>no</i> |
| # of days clients reported drinking 5+ drinks | * | * | * |
| # of days clients reported drinking 1-4 drinks | * | * | * |
| # of days clients reported illegal drug use | 1.13 | 0.06 | <i>yes</i> |
| # of days clients reported using both alcohol and illegal drugs | * | * | * |
| # of days clients reported marijuana use | 0.16 | 0.00 | <i>no</i> |
| # of days clients reported heroin use | 0.00 | 0.00 | <i>no</i> |
| # of days clients reported methamphetamine use | 1.00 | 0.06 | <i>yes</i> |

*Too few pairs existed to compare the means

$p < 0.05$

The decrease in the average number of days was statistically significant for clients reporting use of any type of illegal drug, from an average of 1.13 days to 0.06 days. Methamphetamine use, also significantly decreased from an average of 1.00 days to 0.06 days. Alcohol use and other types of illegal drug use decreased as well but not significantly.

Physical and Emotional Health

Illegal drug and alcohol use frequently causes marked changes in an individual's physical and mental health. As clients begin their recovery process, their perceptions of, and focus on, physical and emotional health changes. Once their bodies are no longer being subjected to chemicals, clients may feel the improvements in their physical and mental well-being. Conversely, clients may become aware of health issues for the first time and find the need to focus on the *lack* of physical or mental well-being. Regardless of the direction of change, success cannot be measured by constants, but rather by assessing the changes as reported by the clients themselves. Table 5 shows the overall health status as reported by the clients and the percentage of change between the intake and six-month follow-up.

Table 5: Overall health status as reported by clients at intake and follow-up

| N=36 | % at Intake | % at 6 month follow-up* | % Change |
|-------------------------------|-------------|-------------------------|----------|
| Current Overall Health | | | |
| Excellent | 11.1% | 11.1% | 0.0% |
| Very Good | 19.4% | 25.0% | 28.6% |
| Good | 44.4% | 41.7% | -6.3% |
| Fair | 16.7% | 5.6% | -66.7% |
| Poor | 5.6% | 2.8% | -50.0% |

*Follow-up data % includes a minimal amount of missing data.

Changes in the overall health status reported by the clients suggest a positive shift in their perception of overall health. Initially 5.6% rated their health as “poor”, whereas by the six-month follow-up, there had been a decrease to 2.8% of the clients who rated their overall health as “poor.” The category of “fair” also saw a decrease of 66.7% of clients who felt they fit into this category. At the other end of the spectrum, the percentage of clients rating their overall health as “very good” increased 28.6% from 19.4% to 25.0%.

Medical Treatment Services

Shifts seen in the types of medical treatment services clients are accessing may be indicative of their progress toward recovery. One would hope to see that as the individuals address their substance abuse challenges, their needs would change from emergency services to inpatient treatment to outpatient services. Table 6 provides the percentage of clients accessing each type of service within the past 30 days as well as the percentage of change between intake and the six-month follow-up.

Table 6: Percent of clients receiving medical treatment for physical, mental and substance abuse

| N=36 | % at Intake | % at 6 month follow-up* | % Change |
|--|-------------|-------------------------|----------|
| In the past 30 days... | | | |
| Received ER treatment for physical problem | 2.8% | 0.0% | -100.0% |
| Received inpatient treatment for physical problem | 0.0% | 0.0% | 0.0% |
| Received outpatient treatment for physical problems | 11.1% | 8.3% | -25.0% |
| Received ER treatment for alcohol or drug problems | 0.0% | 0.0% | 0.0% |
| Received inpatient treatment for alcohol or drug problems | 5.6% | 8.3% | 50.0% |
| Received outpatient treatment for alcohol or drug problems | 41.7% | 52.8% | 26.7% |
| Received ER treatment for mental or emotional problems | 0.0% | 0.0% | 0.0% |
| Received inpatient treatment for mental or emotional problems | 0.0% | 0.0% | 0.0% |
| Received outpatient treatment for mental or emotional problems | 13.9% | 13.9% | 0.0% |

*Follow-up data % includes a minimal amount of missing data.

There was a small decrease in the percentage of clients who sought emergency room services for physical problems; there was also a 25.0% decrease in those who sought outpatient treatment for physical problems. Because of the nature of the ATR program, the increases in the percentage of clients utilizing both inpatient treatment services (from 5.6% to 8.3%) and outpatient treatment services (from 41.7% to 52.8%) for substance abuse is to be expected. Additionally, this may suggest that the treatment services provided through the ATR program were being accessed and utilized as the program had intended.

Emotional Health Issues Caused by Alcohol and/or Illegal Drug Use

The effects of alcohol and drug use frequently impact emotional health. An individual's perception as to the severity of their distress alludes to the depth of their alcohol- and/or drug-induced emotional health issues. One indication of client recovery efforts is the reduction in the relative level that clients feel disturbed by these emotional health issues. ATR service providers, such as substance use counseling and treatment, were available to support the clients with their recovery efforts. Table 7 provides the percentage of clients who respond to each category of perceived levels of distress as well as the percentage of change between intake and the six-month follow-up.

Table 7: Level of perceived distress over alcohol and/or illegal drug use

| N=36 | | % at Intake | % at 6 month follow-up* | % Change |
|---------------------------------------|------------------|-------------|-------------------------|----------|
| In past 30 days AOD... | | | | |
| Caused stress | | | | |
| | Not at all | 19.4% | 2.8% | -85.7% |
| | Somewhat | 13.9% | 5.6% | -60.0% |
| | Considerably | 11.1% | 5.6% | -50.0% |
| | Extremely | 13.9% | 2.8% | -80.0% |
| | Not Applicable** | 41.7% | 69.4% | |
| Caused reduction in activities | | | | |
| | Not at all | 27.8% | 8.3% | -70.0% |
| | Somewhat | 8.3% | 5.6% | -33.3% |
| | Considerably | 11.1% | 0.0% | -100.0% |
| | Extremely | 5.6% | 2.8% | -50.0% |
| | Not Applicable** | 44.4% | 69.4% | |
| Caused emotional problems | | | | |
| | Not at all | 22.2% | 8.3% | -62.5% |
| | Somewhat | 22.2% | 2.8% | -87.5% |
| | Considerably | 0.0% | 2.8% | 100.0% |
| | Extremely | 11.1% | 0.0% | -100.0% |
| | Not Applicable** | 44.4% | 72.2% | |

*Follow-up data % includes a minimal amount of missing data.

**Applies only to individuals who used alcohol and/or illegal drugs in past 30 days

As clients reduced their use of alcohol and illegal drugs, one would anticipate that the stress and emotional problems caused by substance use would decrease as well. Table 7 suggests that there was a decrease in responses in each of the categories. However, the percentage of clients to which these questions no longer applied by the six-month follow-up accounts for the decreases in each of the response categories. The GPRA is designed so that if a client has not used alcohol or illegal drugs in the past 30 days, the question is “not applicable.” For each of the three questions, the percentage of individuals for whom this question no longer applied increased dramatically. Less than 42% (41.7%) of the clients fell into the “not applicable” category for causing stress at intake. By the six-month follow-up this had increased to 69.4%. Similarly, the questions regarding substance use resulting in a reduction in activities and causing emotional problems were “not applicable” for 44.4% of the population at intake but were “not applicable” for 69.4% in reduction in activities and 72.2% in causing emotional issues after six months.

Emotional Health Issues Not Caused by Alcohol and/or Illegal Drug Use

Although oftentimes individuals use substances to help cope with underlying emotional health issues, these issues can also be exacerbated by substance use. Once the alcohol and drug use is removed, these issues may present themselves at the forefront and require the clients to confront their problems. ATR services included counseling to assist clients in dealing with these issues. As with other aspects of their physical and emotional health, resolving the underlying emotional health issues reported by the clients may aid them in their overall recovery. Table 8 presents the percentage of clients who reported experiencing emotional health issues not related to alcohol or drug use in the past 30 days.

Table 8: Percent of clients experiencing emotional health issues not related to alcohol and/or illegal drug use

| N=36 | % at Intake | % at 6 month follow-up* | % Change |
|---|-------------|-------------------------|----------|
| In the past 30 days not due to AOD use... | | | |
| clients experiencing depression | 30.7% | 19.6% | -36.4% |
| clients experiencing serious anxiety | 44.7% | 27.9% | -50.0% |
| clients experiencing hallucinations | 2.8% | 0.0% | -100.0% |
| clients who were unable to concentrate/ understand | 30.7% | 30.7% | 0.0% |
| clients who were unable to control violent behavior | 2.8% | 2.8% | 0.0% |
| clients who attempted suicide | 0.0% | 0.0% | 0.0% |

*Follow-up data % includes a minimal amount of missing data.

A decline in the percentage of clients who were affected by emotional health issues in the previous 30 days not related to alcohol and/or illegal drug use was also seen. In particular the percentage of clients reporting they were experiencing serious anxiety not due to their alcohol and drug use declined from 44.7% at intake to 27.9% at the six-month follow-up, a decrease of 50%. The percentage of clients who reported experiencing serious depression in the previous 30 days decreased between intake and follow-up as well (-36.4%). The percentage of clients reporting that they had experienced hallucinations within the previous 30 days dropped 100%; however, this drop accounts for only one individual. No changes were seen in the percentage of clients who had difficulties concentrating or understanding, and no clients reported suicide attempts at either intake or at the six-month follow-up.

The frequency with which clients experience these emotional health issues is an important indicator of how much the clients are struggling with these feelings. Table 9 shows the average number of days the clients have experienced emotional challenges and whether any changes were statistically significant.

Table 9: Average number of days clients experienced emotional health issues not related to alcohol and/or drug use

| N=31 | Average at Intake | Average at 6 month follow-up | Statistically Significant Change? |
|--|-------------------|------------------------------|-----------------------------------|
| In the past 30 days not due to AOD use... | | | |
| # of days experiencing depression | 6.30 | 1.20 | yes |
| # of days experiencing serious anxiety | 9.65 | 3.16 | yes |
| # of days experiencing hallucinations | 0.13 | 0.00 | no |
| # of days unable to concentrate/understand | 2.77 | 5.16 | no |
| # of days unable to control violent behavior | 0.03 | 0.03 | no |
| # of times attempted suicide | 0.00 | 0.00 | no |

The average number of days clients indicated experiencing serious anxiety decreased significantly from 9.65 to 3.16. The average number of days clients experienced depression decreased as well, from an average of 6.30 days to 1.20 days; this was also statistically significant. Conversely, the average number of days clients felt unable to concentrate or understand increased from 2.77 days at intake to 5.16 days at 6-month follow-up, although this change was not statistically significant. No changes were reported for either the number of days clients were unable to control violent behavior or for the number of suicide attempts.

Risk Behaviors

Engaging in risky behaviors is likely to coincide with alcohol and illegal drug use simply because many substances lower an individual's inhibitions. Not surprisingly these risk behaviors may jeopardize the physical health of these individuals. Often, receiving education on the risks of certain behaviors changes the extent to which individuals participate in these behaviors. Table 10 presents the percentage of clients engaging in risky behavioral activities and the average frequency of these activities.

Table 10: Percent of clients engaging in sexual activity and the average number of reported risky sexual contacts

| N=36 | Intake | 6 month follow-up* | % Change |
|---|--------|--------------------|----------|
| In the past 30 days... | | | |
| % Engaging in sexual activity | 58.3% | 33.3% | -42.9% |
| Average # of sexual contacts | 2.45 | 2.06 | — |
| Average # of unprotected sexual contacts | 1.90 | 1.68 | — |
| Average # of unprotected sexual contacts with an IV drug user | ** | ** | — |
| Average # of unprotected sexual contacts with a person who is HIV/AIDS+ | ** | ** | — |

*Follow-up data % includes a minimal amount of missing data.

**Cannot be computed because there are no valid pairs

The percentage of clients engaging in sexual activity decreased by 42.9% within the six months between intake and follow-up. Additionally, the average number of sexual contacts decreased, from 2.45 times to 2.06 times, as did the number of unprotected sexual contacts, averaging 1.90 times at intake and 1.68 times at the six-month follow up. Clients did not report engaging in unprotected sexual contacts with either IV drug users or persons who were HIV/AIDS positive, and therefore, no changes were seen for either of these.

Connection to Individual and Community Support Systems

Fundamental to achieving recovery from substance use is an individual's successful reintegration into their communities. The extent to which the client connects to social support, at both an individual and a community level, may be indicative of their successes in this realm. Following are outcome results for three indicators of individual and community connectedness: individual recovery and support systems, community contribution through work or school, and housing stability.

Recovery and Social Support

Individuals with strong social support systems may move through the recovery process more quickly than those with an inadequate support system available. Table 11 presents the percentage of individuals who have developed helpful support systems through self-help groups and/or with supportive family and friends.

Table 11: Percent of clients who indicate having social support through self-help groups and/or supportive family members and friends

| N=36 | % at Intake | % at 6 month follow-up* | % Change |
|---|-------------|-------------------------|----------|
| In the past 30 days... | | | |
| Attended voluntary self-help groups | 66.7% | 58.3% | -12.5% |
| Attended religious self-help groups | 13.9% | 13.9% | 0.0% |
| Attended other organizations that support recovery | 5.6% | 5.6% | 0.0% |
| Interacted with family or friends that support recovery | 83.3% | 77.8% | -6.7% |

*Follow-up data % includes a minimal amount of missing data.

Over 12% fewer (12.5%) clients attended self-help groups, such as Alcoholics Anonymous and Narcotics Anonymous, six months after their intake than did when they first entered the ATR program. Interactions with supportive family and friends decreased as well. The 6.7% decline may have been due to clients substituting new support systems for those that proved to be detrimental to their recovery process. No changes were reported in the percentage of clients attending either religious self-help groups or other organizations that support recovery.

In addition to having a strong social network, it is also important that clients have a primary source of support when they are at particularly troublesome points in their lives. Sometimes clients may find that this support person changes when they begin their recovery process and discover new, healthier support relationships. Table 12 relays the clients' responses as to whom they consider to be their primary support at intake and at the 6-month follow-up. The percentage of change is also included.

Table 12: Percent of clients indicating a primary source of support at intake and 6-month follow-up

| N=36 | % at Intake | % at 6 month follow-up* | % Change |
|--|-------------|-------------------------|----------|
| Whom do you turn to when you're having problems | | | |
| No one | 11.1% | 5.6% | -50.0% |
| Clergy member | 0.0% | 2.8% | 100.0% |
| Family member | 55.6% | 52.8% | -5.0% |
| Friends | 19.4% | 11.1% | -42.9% |
| Other | 13.9% | 13.9% | 0.0% |

*Follow-up data % includes a minimal amount of missing data.

The greatest change in the reported primary source of support occurred where clients indicated they did not turn to anyone in times of trouble. This showed a 50% decrease from 11.1% at intake to 5.6% at their follow-up six months later. A reduction of nearly 43% (42.9%) was also reported in “friends” being the primary source of support. Again, this may be the result of clients removing themselves from unhealthy social groups as they pursue recovery. Although there was no changes in the “other” category, clients would often indicate that these primary sources of support included their sponsor, a [substance use treatment] staff member, or other individuals in the program.

Employment and Education

As individuals work on their alcohol and illegal drug use issues, as well as any other emotional issues they need to address, they become more capable of productively contributing to society through employment or through training that will ready them for future employment. Because clients may have been out of the workforce for a lengthy period of time or lack the training and skills to obtain adequate employment, ATR service providers were available to provide career and training guidance. Table 13 presents the percentage of clients reporting each employment status, and Table 14 shows the percentage of clients reporting each school or training status.

Table 13: Percent of clients indicating employment status at intake and 6-month follow-up

| N=36 | % at Intake | % at 6 month follow-up* | % Change |
|---|-------------|-------------------------|----------|
| In the past 30 days... | | | |
| clients reporting full time employment | 27.8% | 22.2% | -20.0% |
| clients reporting part time employment | 16.7% | 27.8% | 66.7% |
| clients reporting unemployed—looking for work | 41.7% | 8.3% | -80.0% |
| clients reporting unemployed—not looking for work | 0.0% | 2.8% | 100.0% |

*Follow-up data % includes a minimal amount of missing data.

Clients reported a 20% decrease in those with full-time employment. However part-time employment increased 66.7%, from 16.7% of clients at intake to 27.8% of clients obtaining part-time employment by the 6-month follow-up. A considerable decrease (-80.0%) from 41.7% to 8.3% reported being unemployed but looking for work. One individual indicated “unemployed, not looking for work,” at the six-month follow-up, a 100% increase from intake.

Table 14: Percent of clients indicating school/training status at intake and 6-month follow-up

| N=36 | % at Intake | % at 6 month follow-up* | % Change |
|---|-------------|-------------------------|----------|
| In the past 30 days... | | | |
| clients currently enrolled in school/training full time | 0.0% | 2.8% | 100.0% |
| clients currently enrolled in school/training part time | 5.6% | 2.8% | -50.0% |
| clients not enrolled in school or training | 91.7% | 80.6% | -12.1% |

*Follow-up data % includes a minimal amount of missing data.

One client entered school full-time between the intake and six-month follow-up, resulting in a 100% increase. Concurrently, the percentage of clients enrolled in school or training part-time dropped by 50%.

Housing Stability

Yet another fundamental aspect contributing to clients' accomplishments as they move through the recovery process is stability. This includes housing stability, which is often missing when clients first enter the program. Through ATR services, aid was available to help clients become more stable in their housing situation, whether it was from transitional housing, or by assisting the clients to the point where they are able to secure stable housing on their own. Table 15 represents the clients housing status as reported at intake and the 6-month follow-up.

Table 15: Percent of clients indicating current housing status at intake and 6-month follow-up

| N=36 | % at Intake | % at 6 month follow-up* | % Change |
|--|-------------|-------------------------|----------|
| In the past 30 days... | | | |
| clients living in a shelter | 0.0% | 5.6% | 200.0% |
| clients living outdoors/streets | 0.0% | 0.0% | 0.0% |
| clients living in an institution | 11.1% | 25.0% | 125.0% |
| clients living in their own house/apartment | 58.3% | 36.1% | -38.1% |
| clients living in someone else's house/apartment | 25.0% | 16.7% | -33.3% |
| clients living in a halfway house | 2.8% | 0.0% | -100% |
| clients living in residential treatment | 0.0% | 0.0% | 0.0% |
| clients living in other type of housing | 0.0% | 2.8% | 100.0% |

*Follow-up data % includes a minimal amount of missing data.

When large percentages of change are seen, they should be viewed with caution because this can result from a low number of responses in each response category. This is illustrated in Table 15 in which the percentage of clients living in a shelter increased by 200%. However the actual number of clients this represents is only two. Likewise, clients living in other types of housing, an increase of 100% accounts for one client, and the 100% decrease in clients living in a half-way house represents one client as well. Perhaps of more importance is the decrease from 58.3% of clients living in their own home at intake to 36.1% at the six-month follow-up. A similar reduction was seen with clients living in someone else's house, down 33.3% within the six-month time period.

Criminal Justice Involvement

Coconino County clients were recruited directly from the criminal justice system through the county's drug court. Simply by nature of the client recruitment population, it was established prior to the client's intake into the program that they are involved in the criminal justice system. Reducing involvement with the criminal justice system can be a lengthy process; however, improvements can be shown by the progression through the system.

Table 16: Percent of clients indicating involvement with criminal justice system at intake and 6-month follow-up

| N=36 | % at Intake | % at 6 month follow-up* | % Change |
|--|-------------|-------------------------|----------|
| In the past 30 days... | | | |
| Arrested one or more times | 8.4% | 5.6% | -33.3% |
| Arrested for drug related offenses | 8.3% | 0.0% | -100.0% |
| Spent at least one night in jail | 25.2% | 22.3% | -11.1% |
| Committed a crime | 47.4% | 11.1% | -76.5% |
| Currently awaiting charges, trial, or sentencing | 50.0% | 44.4% | -11.1% |
| Currently on parole or probation | 100.0% | 75.0% | -25.0% |

*Follow-up data % includes a minimal amount of missing data.

Involvement in the criminal justice system and in illegal activity declined across the board between intake and the six-month follow-up. In particular, there was a 76.5% reduction in the percentage of clients who reported committing a crime. One third fewer clients (33.3%) reported being arrested within the six months after intake, and none reported being arrested for a drug-related offense between intake and the 6-month follow-up. There was a 25% reduction in the percentage of clients who were on parole or probation. Half of the client population (50.0%) were currently awaiting charges, trial, or sentencing at the time of intake. This declined

to 44.4% by the six-month follow-up. An 11.1% reduction was also reported in the percentage of clients who spent at least one night in jail.

Table 17: Average number of criminal justice encounters as indicated at intake and 6-month follow-up

| N=31 | Average at Intake | Average at 6 month follow-up | Statistically Significant Change? |
|----------------------------------|-------------------|------------------------------|-----------------------------------|
| In the past 30 days... | | | |
| # of times arrested | 0.13 | 0.06 | <i>no</i> |
| # of times arrested due to drugs | * | * | * |
| # of nights spent in confinement | 4.29 | 7.19 | <i>no</i> |
| # of crimes committed | 1.14 | 0.14 | <i>yes</i> |

*Too few pairs existed to compare the means

$p < 0.05$

Although the percentage of clients who spent at least one night in confinement decreased, the average number of nights increased from 4.29 at intake to 7.19 six months later. At intake, the average number of crimes committed was 1.14. By the six-month follow-up this was down to an average of 0.14 crimes. The average number of days arrested also decreased from 0.13 to 0.06. Only the number of crimes committed was statistically significant.

Summary

The Coconino County ATR client population showed overall success in many aspects of their recovery process. Decreases were seen in both the percentage of clients and the average number of days that alcohol and illegal drugs were used. These changes were statistically significant for combined alcohol and drug use, methamphetamine use, and marijuana use.

Clients reported increases in their perception of their overall health status. Clients also indicated that they were less disturbed by emotional health issues, both those caused by alcohol and illegal drug use and those distinct from their substance abuse. Decreases in risky sexual behaviors were noted; additionally, none of the clients reported unprotected sexual contact with individuals who were IV drug users or HIV/AIDS positive.

From the clients' responses, it appeared that moderate movement toward building individual and community support networks was being made. Decreases or no changes were observed in the percentage of clients who attended one of three types of self-help support group. It was also noted that clients were relying less on friends, perhaps because they were building healthier social support systems.

Increases were seen in the percentage of clients that were employed part-time, although the percentage of full-time employment decreased. Few changes occurred in the percentage of clients involved in school or training, which was minimal to begin with.

Shifts in housing stability were challenging to interpret due to the small population size. Most prominent was the decline in individuals who currently live in their own house or apartment. Services provided through the ATR program were available to assist in housing needs. However, it is unclear whether clients were accessing these services.

Reductions in criminal justice and criminal activity involvement were apparent across the board, although none of the changes in the number of times or days were statistically significant.

It must be noted that these clients were participating in the county drug court program concurrent to their involvement in the ATR program, so it is somewhat challenging to determine from these data how much of the clients' progress can be attributed directly to their participation in the ATR program.